

SCHEDULE 5-E

ITEMIZED INDEPENDENT EXPENDITURES

PAGE 3 OF 7
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)
Planned Parenthood Action Fund of Santa Barbara, Ventura and San Luis Obispo Counties

Full Name (Last, First, Middle Initial) of Payee Santa Maria Sun		Date MM / DD / YYYY 05 / 20 / 2010
Mailing Address 3130 Skyway Drive, Suite 603		Amount 67.67
City Santa Maria	State CA	
Zip Code 93455		

Purpose of Expenditure Newspaper Ad	Category/Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Barbara Boxer		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 721.60		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Santa Maria Sun		Date MM / DD / YYYY 05 / 20 / 2010
Mailing Address 3130 Skyway Drive, Suite 603		Amount 67.67
City Santa Maria	State CA	
Zip Code 93455		

Purpose of Expenditure Newspaper Ad	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23
Name of Federal Candidate Supported or Opposed by Expenditure: Lois Capps		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 724.80		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Ventura County Reporter		Date MM / DD / YYYY 05 / 20 / 2010
Mailing Address 4840 Market Street, Suite D		Amount 101.20
City Ventura	State CA	
Zip Code 93003		

Purpose of Expenditure Newspaper Ad	Category/Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Barbara Boxer		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 721.60		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures	236.54
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)	

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